



Hospital Inpatient Quality Reporting (IQR) Program
Inpatient Value, Incentives, and Quality Reporting (VIQR)
Outreach and Education Support Contractor

FY 2024 IPPS/LTCHPPS Proposed Rule Overview
for Hospital Quality Programs
Question and Answer Summary Document

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Subject-matter experts researched and answered the following questions after the live webinar. The questions may have been edited for grammar.

Hospital IQR Program

Question 1: If CMS removes Perinatal Care (PC)-01 (Elective Delivery) from the Hospital IQR Program beginning with calendar year (CY) 2024, will CMS also remove PC-02 (Cesarean Birth)?

We have not proposed to remove PC-02 from the Hospital IQR Program. For additional information, please refer to the Proposed Measure Removal for the Hospital IQR Program Measure Set section of [the proposed rule](#) (FR 88 27088).

Question 2: Is PC-05 (Exclusive Breast Milk Feeding) being removed from the Hospital IQR Program?

PC-05 was finalized for removal beginning with CY 2024 reporting in the FY 2022 IPPS/LTCH PPS final rule. The last year a hospital can self-select to report the measure as part of the eCQM requirement is the CY 2023 reporting period. Measures that have been previously finalized in the Hospital IQR Program for fiscal year 2025 through 2028 can be found in the [proposed rule](#) (FR 88 27094).

Question 3: Slide 28. For the proposed changes to the HCAHPS Survey measure, how do you determine the proportion of patients treated? Does this assume that a hospital has control of the diversity of the community it serves?

CMS receives information about age and service line from all eligible patients who are sampled and receive the HCAHPS survey. However, information about race/ethnicity and preferred language is available only for discharged patients who complete the survey (i.e., survey respondents). Using its own internal data, a hospital can determine how well its HCAHPS respondents reflect its overall patient population.

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A podcast on the HCAHPS On-Line Web site notes that, for certain patient characteristics, there is a relationship between survey mode and propensity to respond to the HCAHPS Survey:

<https://hcahpsonline.org/en/podcasts/#ImprovingRepresentativeness>.

CMS understands that hospitals cannot choose the patients or communities it serves. However, we encourage each hospital to consider how well its choice of survey mode resonates with its patient population because we have seen that patients with certain characteristics are more likely to respond to the survey if offered in a particular mode of administration.

Medicare Promoting Interoperability Program

Question 4: Must we attest Yes for all nine Safety Assurance Factors for Electronic Health Record (EHR) Resilience (SAFER) Guides to pass?

For the CY 2022 and CY 2023 EHR reporting periods, a hospital can attest Yes (I have completed the self-assessment on all nine SAFER Guides) or No (I did not complete the self-assessment on all nine SAFER Guides). Both answers are acceptable. Leaving this question field blank will result in not meeting the requirement.

For the CY 2024 EHR reporting period and subsequent years, we are proposing to require a Yes response to pass this measure; and a No or “blank” response will result in not meeting the requirement. We encourage eligible hospitals and critical access hospitals to review and submit comment.

Hospital VBP Program

Question 5: Slide 47. Where can we find additional resources on the health equity adjustment portion of the Hospital VBP Program proposed measure? Additionally, could you provide an example of the new scoring methodology?

Resource information is provided in the Hospital VBP Program pages of the [proposed rule](#) (FR 88 27039). Highlights and a summarization of the proposed changes can be found by accessing the [FY 2024 IPPS Proposed Rule webinar](#).

CMS is committed to advancing health equity by designing, implementing, and operationalizing policies and programs that support the

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health of all individuals served by their programs. Their aim is to reduce avoidable disparities in health outcomes experienced by disadvantaged or underserved populations and provide the necessary care and support for enrollees to thrive.

The proposed measure introduces the Health Equity Adjustment (HEA) bonus points, which hospitals can earn based on their performance and the proportion of patients with dual eligibility. CMS believes that awarding these HEA bonus points aligns with their strategy to promote health equity and incentivize high-quality care across all hospitals.

CMS also proposes defining the term "measure performance scaler" as the sum of points awarded to a hospital for each domain based on its performance on the measures within that domain. Hospitals would receive 4, 2, or 0 points for each domain, depending on whether their performance falls within the top third, middle third, or bottom third, respectively, among all hospitals for the domain. Thus, hospitals could potentially earn a maximum of 16 measure performance scaler points for being a top performer across all four domains.

HAC Reduction Program

Question 6: How do these proposed changes affect Patient Safety Indicator (PSI)-90, specifically the PSI 3 pressure ulcer rate?

As CMS must comply with the Administrative Procedures Act, we are not able to provide additional information, clarification, or guidance related to the proposed rule. We encourage stakeholders to submit comments or questions through the formal comment submission process.

Comments

Question 7: Can you provide an email address to submit comments for the proposed rule?

Comments for the proposed rule cannot be submitted by email. CMS encourages you to submit electronic comments through the [proposed rule](#). Follow the instructions under the Submit a Formal Comment tab. You may also submit your comments by regular mail and by express or overnight mail. To be assured consideration, comments must be received

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at one of the addresses provided in the [Addresses](#) section, no later than 5 p.m. Eastern Daylight Time on June 9, 2023.